

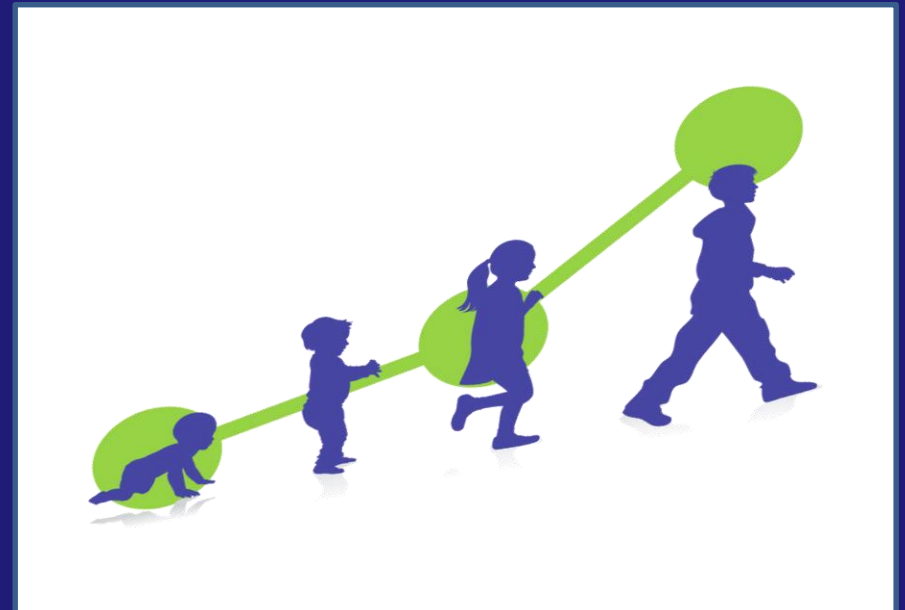


Behavioral Health Children's and Recovery Support Services

Services for Children and Transitional Aged Youth

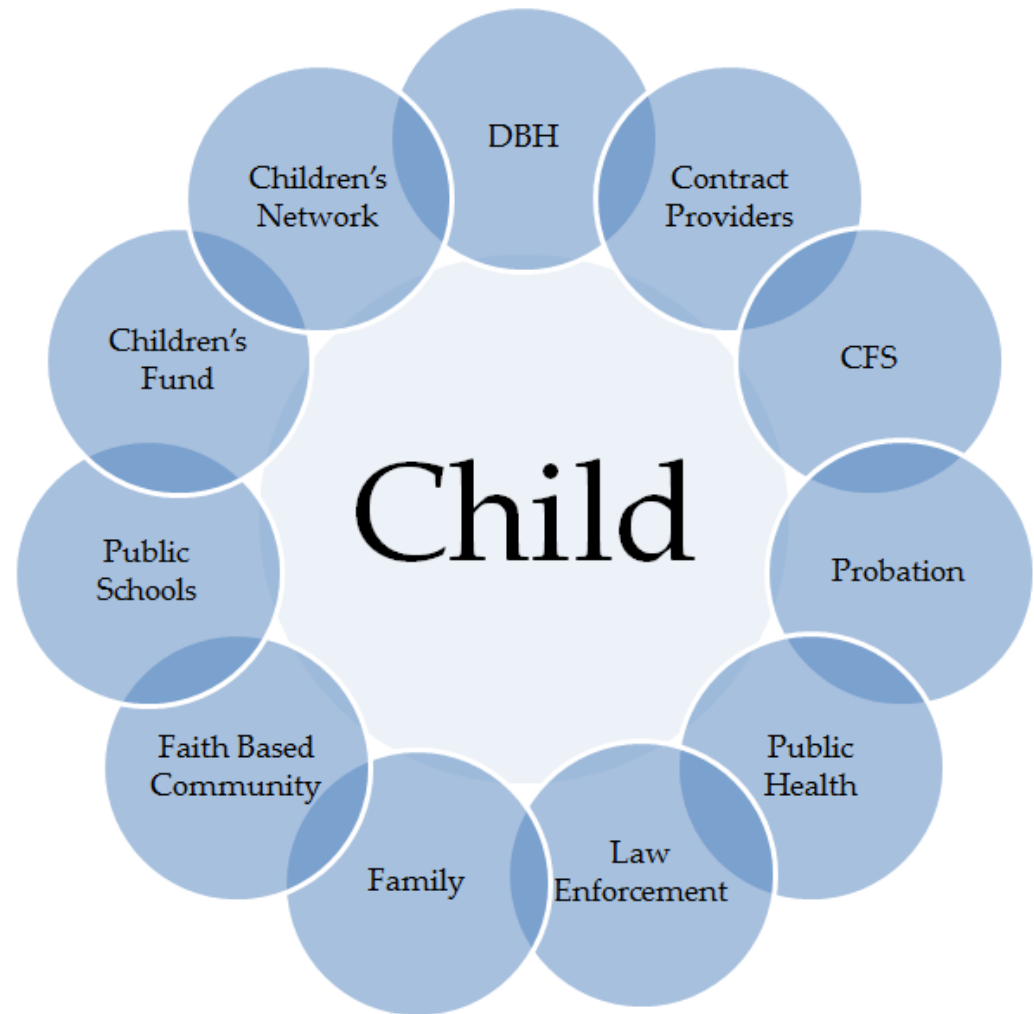
An overview of DBH's Children's
System of Care

Behavioral Health Commission
November 3, 2016

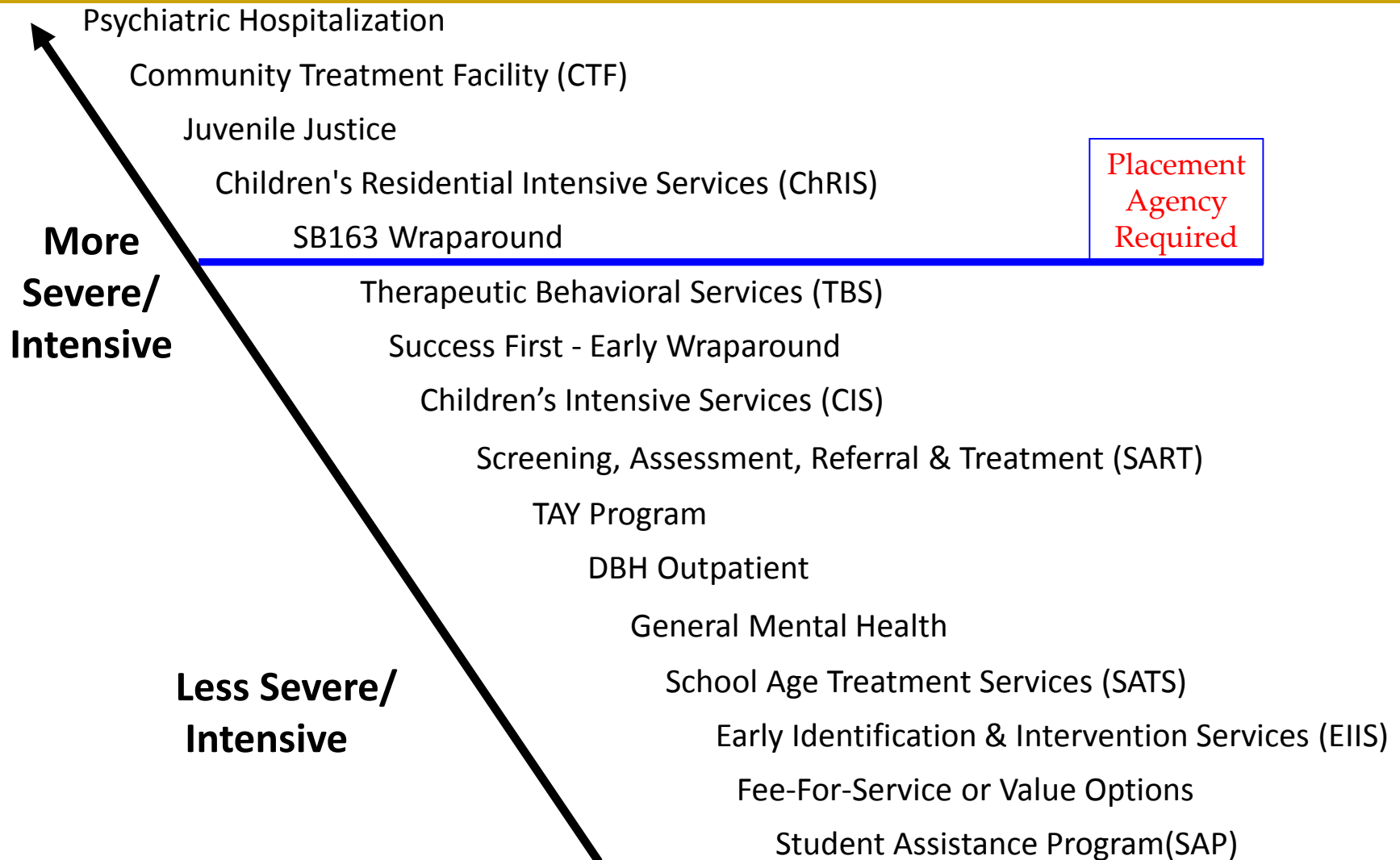


DBH is one element of the overall system of care.

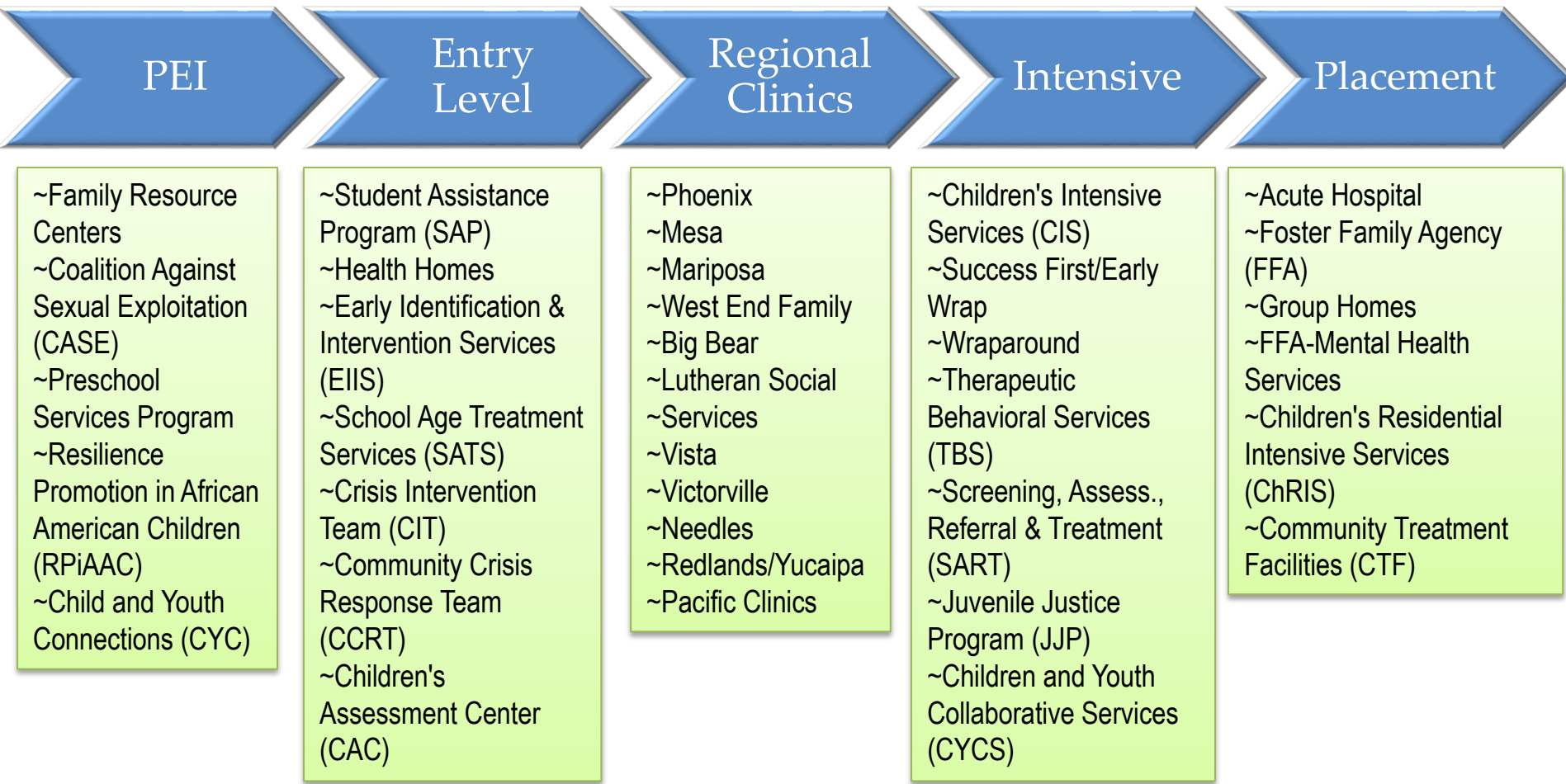
Constructive working relationships are the key to the entire system working well.

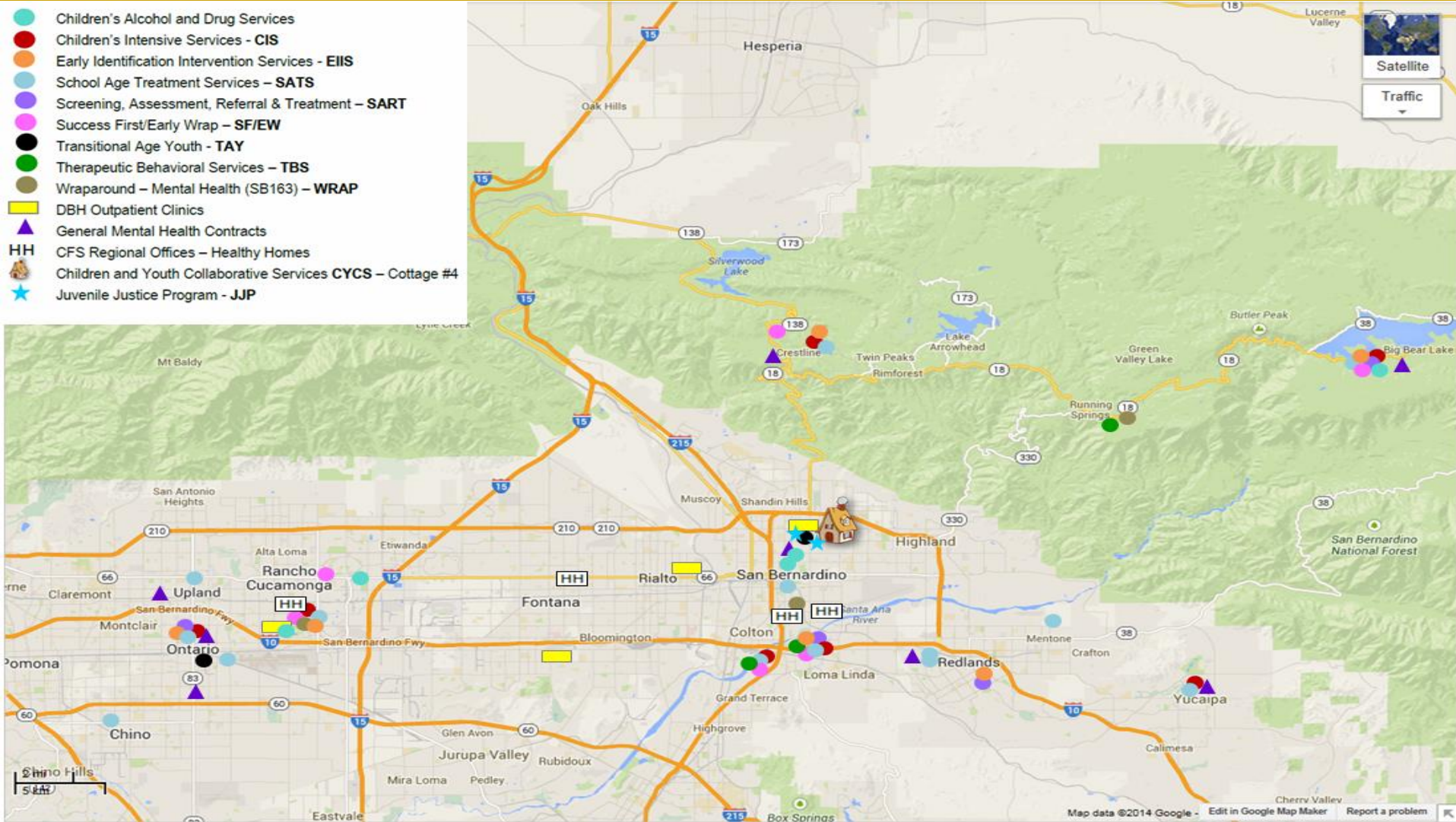


Programs to Meet Different Levels of Needs



No Wrong Door, but Right Level of Care

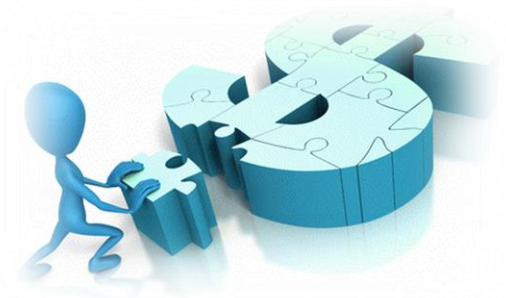




Page 6



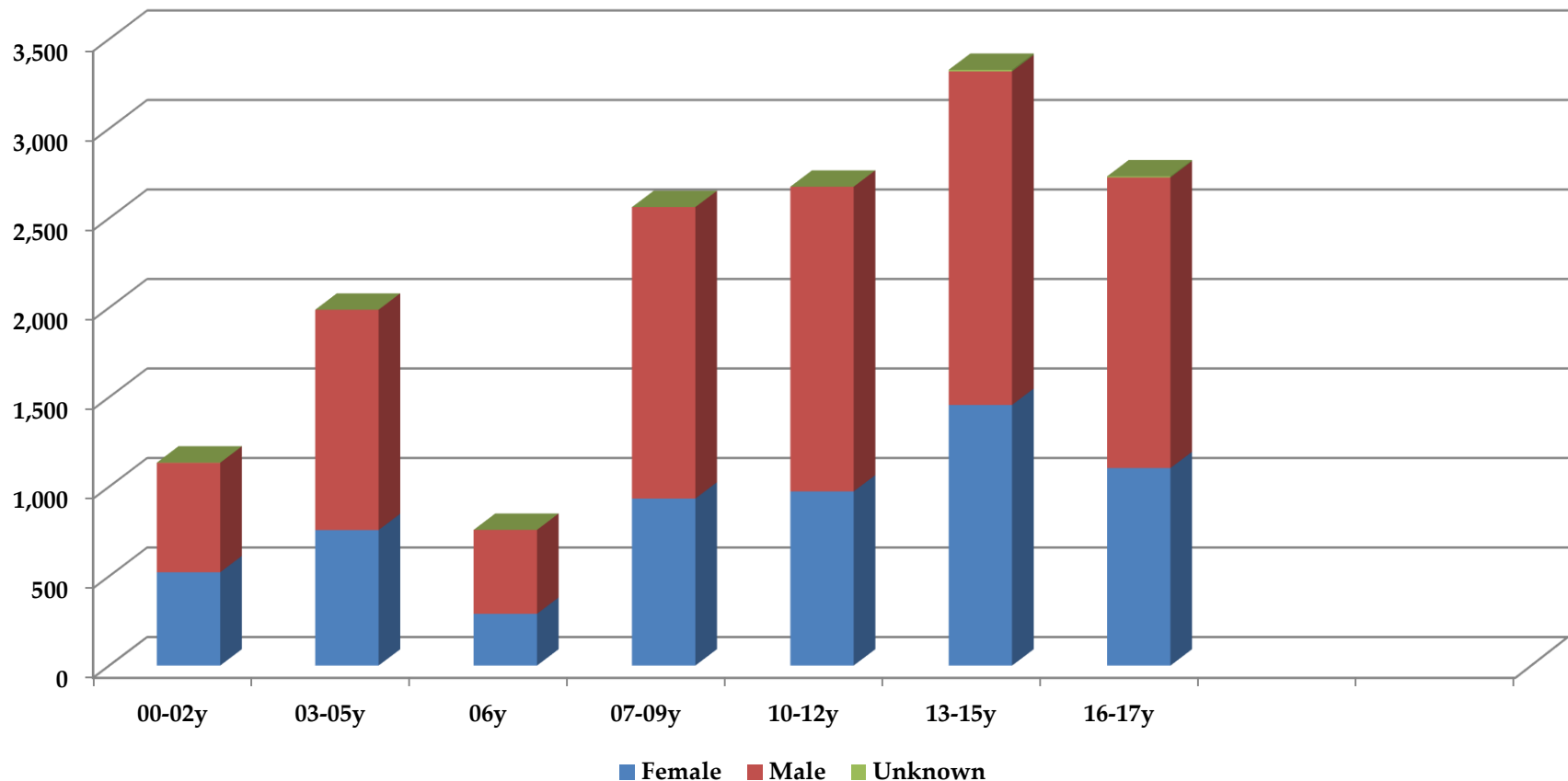
- Medi-Cal/EPSDT (Early Periodic Screening Diagnosis and Treatment)
- Mental Health Service Act (MHSA)
 - Community Support Services (CSS)
 - Prevention Early Intervention (PEI)
 - Innovations
- Braided funding with partner agencies
 - First 5
 - Schools
 - Children and Family Services (CFS)



Who We Serve with EPSDT Medi-Cal Services

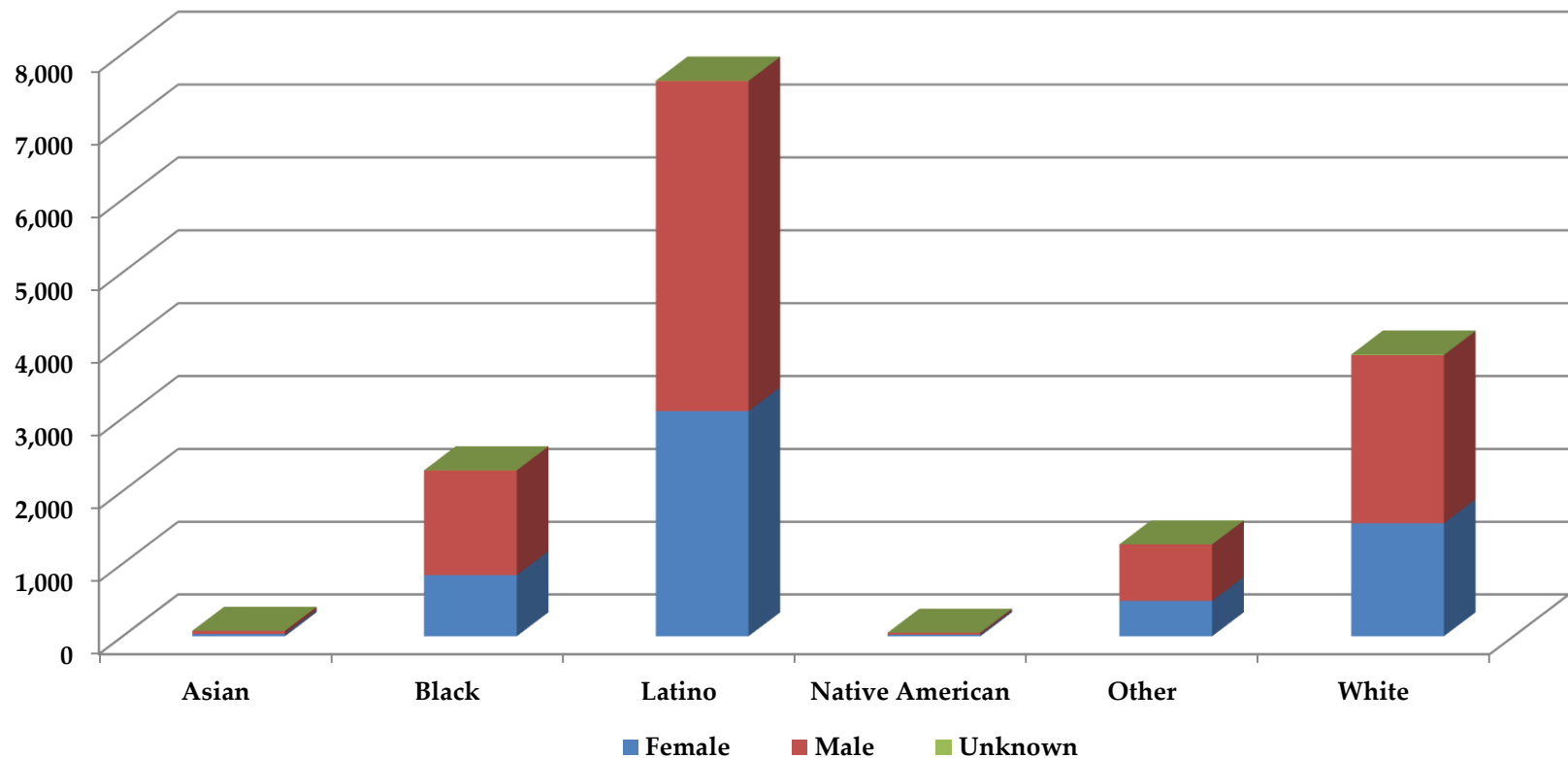
0-17 age group

Unduplicated clients by gender and age groups

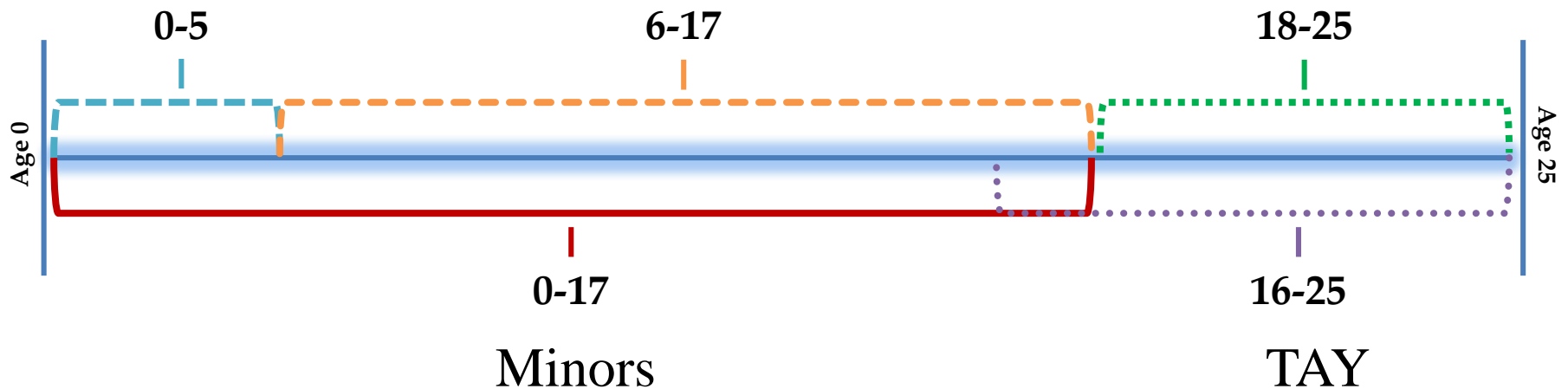


0-17 age group

Unduplicated clients by gender and ethnic groups



Reporting on “Children & TAY” requires different age ranges to be considered.



Children Served Fiscal Year 2015-2016

	Age 0-17	Age 0-25	Age 0-5	Age 6-17	Age 16-25	Age 18-25
CIS	715	731	2	713	202	16
CRS RCL	14	15	0	14	8	1
ChRIS	31	32	0	31	3	1
DBH-Children's	2,019	2,096	221	1,798	350	77
DBH-JJP	1,958	2,361	0	1,958	1,750	403
EIIS	904	904	824	80	0	0
MH Wraparound (SB163)	726	740	60	666	140	14
Outpatient	3,776	5,878	67	3,709	2,928	2,102
PHF_CTF	6	6	0	6	4	0
SART	2,456	2,456	2,263	193	0	0
SATS	5,477	5,785	65	5,412	1,134	308
STAY		75	0	0	75	75
Success First/Early Wrap	439	450	15	424	90	11
TAY	49	319	0	49	319	270
TBS	259	263	12	247	42	4
Total:	18,829	22,111	3,529	15,300	7,045	3,282

ACCESS Unit – Springboard to all Programs

Page 12

- Youth and Families may call our Access unit and will be directed to the program that sounds like the best option for them.

24/7 Access & Referral Helpline: 1.888.743.1478

Member Services 24/7 Access & Referral Helpline: 1.888.743.1478 909.386.8256 or 711 for TTY users or visit the [Member Services: Access & Referral webpage](#).

In Crisis, but don't need 911? [Call 909.386.8256](#)



Promoting Wellness,
Recovery and Resilience



Behavioral Health

www.SBCounty.gov

- DBH Clinicians out stationed at Child and Family Services (CFS) offices
- Healthy Homes Clinicians:
 - Provide Consultations
 - Conduct Screening & Assessments
 - Facilitate/Problem Solve Referrals to Programs & Services
 - Are the #1 choice for help
 - Call them
 - Email them
 - Find them

Unduplicated
Client count for
FY 15-16: 1823




School Aged Treatment Services (SATS)

- EPSDT Medi-Cal is a federally mandated Medicaid option that requires states to provide screening, diagnostic and treatment services to eligible Medi-Cal recipients under age 21
- Provides services to ascertain and treat physical and mental defects
- Problems caused by or due to a mental health disorder and may interfere with their academic performance or functioning in family, school or community
- Problems may put the child at risk of being identified as a special education student or put them at risk for a higher level of care or out-of-home placement
- Provided mainly in public schools
- Referrals are generated and evaluated according to protocol and eligibility
- Referrals from School, DBH, CFS, CCRT



Age 0-17	Age 0-25	Age 0-5	Age 6-17	Age 16-25	Age 18-25
5,477	5,785	65	5,412	1,134	308

- First 5 & DBH Program
 - 0-5 Year Olds with difficulties, but Medical Necessity not required
- 
- Similar to SART, but not as comprehensive
 - NOT an initial referral for CFS, but always available for children already screened by SART

Age 0-17	Age 0-25	Age 0-5	Age 6-17	Age 16-25	Age 18-25
904	904	824	80	0	0

- First 5 & DBH program
- EPSDT Medi-Cal to children age 0-5 years who reside in SB County
- Targeting children who have been abused or prenatally exposed to alcohol or other drugs needing mental health services
- Children referred by
 - CFS children placed in foster care and the Family Maintenance Program
 - DBH's Perinatal Clinic
 - Psychiatric hospital discharges
 - Headstart & Preschool Staff

Age 0-17	Age 0-25	Age 0-5	Age 6-17	Age 16-25	Age 18-25
2,456	2,456	2,263	193	0	0



Sometimes Help can't Wait

- Provides home & community based mental health crisis intervention, assessments, case management, intensive follow-up services & relapse prevention in all geographic areas of county
- Referrals from Clinic, Group Home, Hospital, School, Family, Law Enforcement, Contractor, CFS, Probation
- Services to anyone with a psychiatric emergency including:
 - Suicidal thoughts
 - Suicide attempt
 - Self-mutilation
 - Homicidal thoughts
 - Homicide attempt
 - Violence/weapons
 - Substance use/under the influence
 - Destroying/damaging property

MHFA-FY Teaches

- Signs of addiction
- Signs of mental illness
- Impact of substance use disorders
- Impact of mental illnesses
- Provides a five-step action plan to help people in a ‘mental health crisis’
- Provides local resources and where to turn for assistance

DBH Utilization

- Some PEI programs provide Mental Health First Aid, but not the For Youth version
- DBH Staff were trained on October 24th & 26th to be trainers of the youth specific curriculum of MHFA
- DBH Units involved:
 - Community Outreach & Education (CORE)
 - Office of Cultural Competence and Ethnic Services (OCCES)

- Walk-in
- Child specialists
 - Assessments
 - Individual counseling
 - Group counseling
 - Medications



Age 0-17	Age 0-25	Age 0-5	Age 6-17	Age 16-25	Age 18-25
3,776	5,878	67	3,709	2,298	2,102

- Outpatient Drug Free treatment services are designed to achieve progressive changed in an individual's thinking and substance misusing behavior in order to prevent relapse.
 - Treatment is from 4 to 6 months .
 - During treatment, individuals participate with providers in the treatment plan process, participate in individual and group counseling services, receive education on the effects of substance use and equip participants with tools to promote a healthy lifestyle.

Total Youth Admission by Fiscal Year

FY 11-12	FY 12-13	FY 13-14	FY 14-15	FY 15-16
69	159	249	326	256

Children's Intensive Services

- EPSDT Medi-Cal Only
- Specialty Mental Health Services provided in the home to address mental health issues
- 6 month program
- Services 2 times per week

Age 0-17	Age 0-25	Age 0-5	Age 6-17	Age 16-25	Age 18-25
715	731	2	713	202	16

Success First/Early Wrap

- Wrap-Informed Full Service Partnership (FSP)
- MHSA & EPSDT funding
- May serve children without insurance
- 4 month program
- Foster Youth served longer if needed
- Services 2-3 times per week

Age 0-17	Age 0-25	Age 0-5	Age 6-17	Age 16-25	Age 18-25
439	450	15	424	90	11

- The One Stop TAY Centers
- Assists TAY in reaching independence
- Provide Broad Range of Services
- “Drop-in” centers in all geographic areas of County

Age 0-17	Age 0-25	Age 0-5	Age 6-17	Age 16-25	Age 18-25
49	319	0	49	319	270



- Some programs require placement agencies involvement.
- Placing Agencies are CFS and Probation
- Programs include:
 - Wraparound
 - FFA-MHS
 - Children's Residential Intensive Services (ChRIS)
 - Community Treatment Facility

- SB163 (Chapter 795, Statutes of 1997) created the opportunity for California counties to use a portion of foster care funds to flexibly and creatively .implement individualized services to keep eligible children out of RCL 10-14 Group Home placement or to help them transition out of placement.
- DBH provides mental health services in support of Wraparound services through its contracted providers.
- Services provided to those:
 - Medi-Cal beneficiaries classified as SED, under 21 & meets Diagnostic Criteria.
 - with impaired functioning in two areas: Self-care, Behavior towards others, Family functioning, School performance, Moods or emotions, Substance abuse or Cultural adjustment.
 - placed/at risk of placement in RCL10-14 group home.
 - with family/guardian willing to participate in process.
- Referrals requested by CFS, DBH, Probation, foster parent, legal guardian or caregiver.

Age 0-17	Age 0-25	Age 0-5	Age 6-17	Age 16-25	Age 18-25
726	740	60	666	140	14

JUVENILE JUSTICE PROGRAM (JJP)

A collaboration between Behavioral Health and Probation Department to combine resources in order to establish a comprehensive and effective continuum of adolescent behavioral health care to meet the needs of the juvenile population with mental illness in or out of custody.

Age 0-17	Age 0-25	Age 0-5	Age 6-17	Age 16-25	Age 18-25
1,958	2,361	0	1,958	1,750	403

In Custody – Youth detained at a San Bernardino County Juvenile Detention Center

- Forensic Adolescent Services Team (FAST)
 - Identification, stabilization, education, and referrals
- Gateway
 - 18-month commitment program for non-violent male juvenile offenders

Out of Custody – Youth released from a San Bernardino County Juvenile Detention Center

- Juvenile Justice Community Reintegration (JJCR)
 - Individual case management, home visits, placement and linkage/referral to community resources; such as academics, vocational skills, job related skills, legal resources, and peer counseling
 - SAMHSA Grant Funding
- Integrated New Family Opportunities (INFO)
 - Community based services include Functional Family Therapy, Intensive Probation Supervision, 24/7 case management and peer counseling
 - MHSA Funding

Coalition Against the Sexual Exploitation of Children (CASE)

Page 27

Population: Sexually exploited children (ages 12-15) and youth (ages 16-25) or those at risk for sexual exploitation.

A collaborative approach between ten public agencies:

Behavioral Health Department
Children and Family Services
Probation Department

Department of Public Health
Children's Network
County Schools

District Attorney's Office
Public Defender Office
Juvenile Court

Services include community outreach and education as well as direct services; such as:

- Mental Health Assessment
- Crisis Intervention
- Case Management
- School enrollment assistance
- Therapeutic Interventions
- Transportation
- Placement and linkage/referral to community resources

- Starting FY 15-16 San Bernardino Youth have access to a residential adolescent treatment provider.
- Residential services include a structured, clean and sober 24-hour per day therapeutic community with food and basic necessities in a home-like atmosphere.
- The facility provides space for activities designed to assist residents to develop substance use-free lifestyles and necessary emotional support to maintain and assist in developing a lifestyle change.
- Serving Youth 12 through 17 years of age.

- FY 15-16 saw the implementation of youth residential SUD treatment services provided by DBH Alcohol and Drug Services Administration (ADS) through a contracted provider
- Youth are assessed through the DBH ADS Screening Assessment and Referral Center (SARC) either by phone or in person
- Youth are assessed utilizing the Teen Addiction Severity Index (ASI) and if residential services are deemed to be the proper level of care, a referral is generated and authorized to residential treatment
- Youth residential treatment provides a structured clean and sober environment 24 hours per day; treatment is provided to address the substance use disorder needs of the youth while allowing time for education and social development

Youth accessing residential services by FY

FY 15-16	FY 16-17
32	4

- Twelve Foster Family Agencies are contracted with DBH to provide EPSDT Specialty Mental Health Services.
- Program started in FY 16-17.
- Intention is to facilitate earlier access to mental health services.
- Services provided to those:
 - Medi-Cal beneficiaries classified as SED, under 21 & meets Diagnostic Criteria.
 - with impaired functioning in two areas: Self-care, Behavior towards others, Family functioning, School performance, Moods or emotions, Substance abuse or Cultural adjustment.

- Twelve group homes are contracted with DBH to provide EPSDT Specialty Mental Health Services.
- Program expanded in FY 16-17.
- Intention is to facilitate effect services and transition to Short Term Residential Therapeutic Program (STRTP).
- Services provided to those:
 - Medi-Cal beneficiaries classified as SED, under 21 & meets Diagnostic Criteria.
 - With impaired functioning in two areas: Self-care, Behavior towards others, Family functioning, School performance, Moods or emotions, Substance abuse or Cultural adjustment.

The STAY (Serving Transitional Aged Youth)

- The STAY (Serving Transitional Age Youth) is a voluntary, 14 bed, short term crisis residential facility.
- Youth ages 18 to 26th birthday in need of a higher level of care than outpatient mental health, but lower than a psychiatric hospital.
- STAY receives referrals from hospitals, behavioral health clinics and self-referrals from youth countywide.

Age 0-17	Age 0-25	Age 0-5	Age 6-17	Age 16-25	Age 18-25
0	75	0	0	75	75

- Phoenix Apartments were developed through collaboration between San Bernardino County's Department of Behavioral Health and the Housing Authority.
- The program provides permanent, affordable housing to youth ages 18 to 26th birthday who are enrolled in Full Service Partnerships with San Bernardino County's Department of Behavioral Health.
- TAY Centers work closely with Phoenix apartments to help youth access a stable place to live.

Psych Hospitals

- Two Hospitals
 - Loma Linda Behavioral Medicine Center
 - Canyon Ridge
- LLU-BMC
 - 29 beds for 14-17 year olds
 - 12 beds for 5-13 year olds
- Canyon Ridge
 - 25 beds for 14-17 year olds

CTF

- One CTF
 - Star View Adolescent Center
- Serves Foster Youth who cannot be helped at a group home.
- Includes a Psychiatric Health Facility (PHF) so that hospitalizations may be avoided.

- An intensive, one-on-one face to face short-term outpatient treatment intervention, authorized for a specified period of time, designed to maintain the child/adolescent's residential placement at the lowest appropriate level by resolving targeted behaviors and achieving short-term treatment goals.
- TBS contracted providers receive the referrals for processing.
- Referrals made by caseworker, case manager, therapist, county social worker, CCRT, parents, foster parents, teacher, school counselor, group home therapist or administrator or other appropriate stakeholder in child's life.
- Child must be:
 - Full-scope Medi-Cal
 - Under the age of 21
 - Currently receiving specialty mental health services, AND
- Child must meet one of the following:
 - In an RCL 12 or above
 - Being considered for placement in RCL 12 or above
 - Has had at least one emergency psychiatric hospitalization or at risk for hospitalization
 - Has previously received TBS services

Age 0-17	Age 0-25	Age 0-5	Age 6-17	Age 16-25	Age 18-25
259	263	12	247	42	4

- JCBHS is a program that monitors the psychotropic medication treatment of San Bernardino County's dependent children
- A judge, attorney, public health nurse, probation officer or social worker may refer a dependent using the JCBHS referral form. JCBHS staff will address the concern through either a psychiatric consult or a mental health assessment and convey the findings to the referring party
- Services are provided for dependents of San Bernardino Court under the psychiatric care of a non-DBH-practitioner
- Referrals are accepted from:
 - Judges
 - Attorneys
 - Public Health Nurses
 - Probation Officers
 - Social Workers

FY15-16

JV-220 Applications Reviewed: 891

Extensive Evaluations for Second Opinions: 24

Statewide

- 1 in 7 foster youth receive psychotropic medication (14% to 16%)
- 60% of Prescriptions reported as being for antipsychotic medications

San Bernardino

- 1 in 16 foster youth receive psychotropic medication (6.3%)
- 21% of Prescriptions are for antipsychotic medications

Who We See – Specific Needs at Intake

Scores of 2 or 3	EIIS	SART	SATS	CIS	SF/EW	TBS	Wrap	JJP	TAY	DBH Outpatient
Psychosis	0%	2%	2%	9%	5%	5%	2%	2%	35%	11%
Impulsivity/ Hyperactivity	40%	31%	35%	32%	52%	81%	39%	41%	58%	48%
Depression	9%	7%	47%	67%	62%	37%	38%	38%	82%	51%
Anxiety	32%	36%	36%	41%	59%	38%	40%	39%	75%	35%
Oppositional	46%	32%	44%	46%	58%	88%	62%	62%	27%	3%
Conduct	5%	3%	10%	9%	24%	23%	18%	19%	15%	16%
Adjustment to Trauma	32%	55%	22%	25%	43%	23%	49%	45%	30%	23%
Anger Control	51%	43%	58%	65%	75%	82%	70%	68%	44%	51%
Eating Disturbances	8%	11%	4%	6%	12%	4%	4%	4%	10%	9%
Affect Dysregulation	6%	68%	39%	61%	74%	63%	42%	38%	75%	29%
Behavioral Regressions	10%	11%	8%	4%	15%	12%	8%	7%	1%	6%
Somatization	1%	1%	6%	4%	7%	3%	2%	3%	14%	4%
Substance Use	0%	0%	10%	6%	9%	4%	10%	14%	49%	6%

Data: Objective Arts – Initial Snapshot Report



Behavioral Health
Children and Youth Collaborative Services

www.SBCounty.gov

Who We See – Specific Needs at Intake

Scores of 2 or 3	EIIS	SART	SATS	CIS	SF/EW	TBS	Wrap	JJP	TAY	DBH Outpatient
Family	50%	51%	68%	77%	79%	81%	72%	71%	63%	54%
Living Situation	34%	36%	38%	51%	55%	71%	57%	55%	73%	26%
Social Functioning	60%	61%	56%	66%	71%	86%	57%	57%	79%	43%
Recreational	36%	36%	34%	41%	52%	66%	39%	43%	76%	31%
Development	17%	40%	4%	4%	13%	6%	5%	5%	4%	6%
Job Functioning	0%	1%	22%	3%	13%	15%	9%	9%	76%	5%
Legal	1%	4%	9%	6%	12%	3%	17%	26%	14%	4%
Medical	5%	8%	3%	6%	8%	3%	2%	2%	10%	5%
Physical	1%	3%	1%	2%	5%	1%	0%	1%	7%	2%
Sexuality	1%	1%	2%	6%	8%	7%	7%	6%	6%	4%
Sleep	20%	26%	30%	47%	42%	20%	28%	27%	30%	40%
School Behavior	56%	31%	59%	47%	64%	68%	53%	55%	17%	40%
School Achievement	24%	71%	59%	57%	65%	62%	53%	55%	59%	51%
School Attendance	4%	3%	24%	21%	26%	22%	19%	22%	22%	15%

Data: Objective Arts – Initial Snapshot Report



Behavioral Health
Children and Youth Collaborative Services

www.SBCounty.gov

Who we serve across the past three years

Emotional/Behavioral Needs

Scores of 2 or 3	FY 13-14	FY14-15	FY15-16
Psychosis	4%	5%	5%
Impulsivity/Hyperactivity	34%	39%	40%
Depression	35%	40%	42%
Anxiety	29%	38%	39%
Oppositional Conduct	37%	42%	44%
Adjustment to Trauma	24%	33%	32%
Anger Control	42%	54%	57%
Eating Disturbances	4%	7%	7%
Affect Dysregulation	29%	45%	50%
Behavioral Regressions	7%	8%	8%
Somatization	2%	4%	4%
Substance Use	5%	9%	8%

Life Functioning Needs

Scores of 2 or 3	FY 13-14	FY14-15	FY15-16
Family	53%	65%	64%
Living Situation	34%	45%	41%
Social Functioning	46%	58%	59%
Recreational Development	28%	37%	38%
Job Functioning	9%	12%	12%
Legal	20%	23%	19%
Medical	6%	9%	8%
Physical	6%	6%	5%
Sexuality	3%	3%	2%
Sleep	4%	4%	3%
School Behavior	21%	30%	32%
School Achievement	38%	46%	52%
School Attendance	39%	47%	52%
	11%	17%	19%

